

Review Requirements Checklist
EXPLANATION OF BENEFITS CHECKLIST

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and set forth the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel, or officer of company, or attorney, or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Adm. Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Explanation of Benefits		
Form Number	14 VAC 5-100-50 1	Form number must appear in the lower left-hand corner of first page of each form.
Company Name and Address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14 VAC 5-100-50 3	Form must be submitted in the form in which it is issued and completed in "John Doe" fashion to indicate its intended use.
Description of Benefits Payable	§ 38.2-3407.4	The EOB shall accurately and clearly disclose the benefits payable under the contract and how they were calculated. The provider of service and the date the service was incurred must be disclosed.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles explanation of benefits. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached explanation of benefits filing and determined that it is in compliance with the explanation of benefits checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____